ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP308161

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4626051121

APPLICANT/OWNER: Troy Critchley | APPLICANT ADDRESS: 765 McKendree Rd, Mooresville NC 28117

SITE ADDRESS: 765 McKendree Rd, mooresville NC 28117 | PHONE: 469-877-1957 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Ron McKendree Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pine Knoll Pointe | SECTION: — | LOT # 10 | LOT AREA: 0.92 acres | DESIGN FLOW: 360GPD | L.T.A.R.: 275

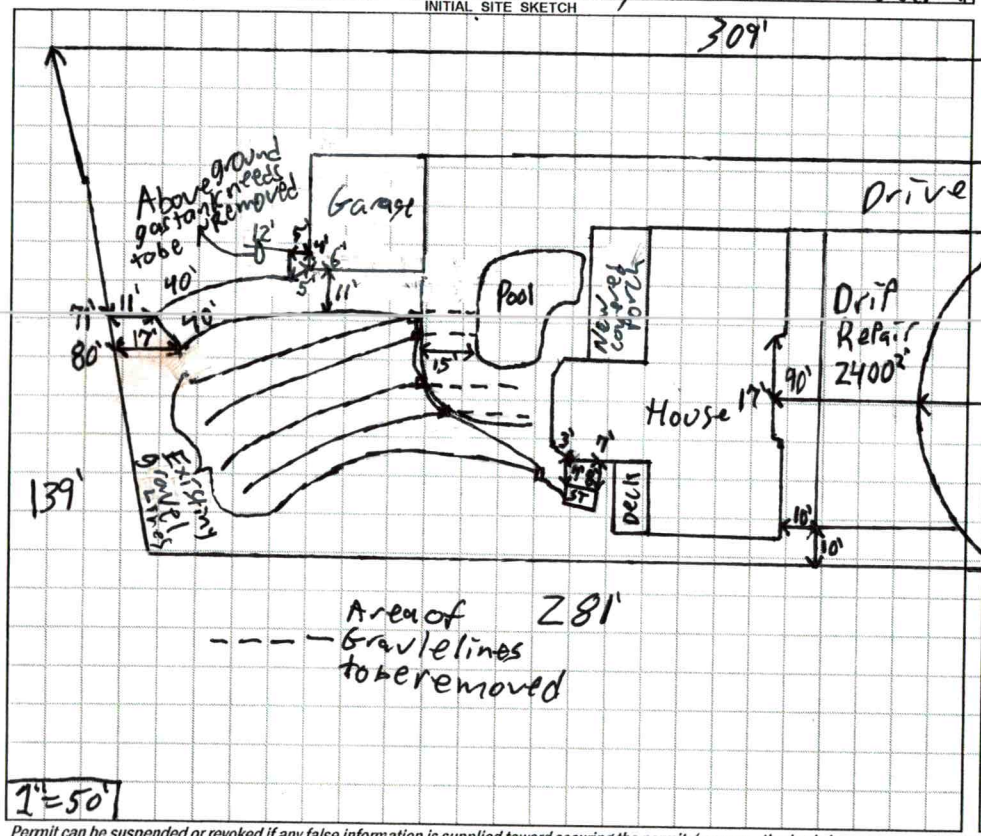
Septic Tank	1000 (gal)	STB	Existing	Date	Ex	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing + New 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Drip
# Nitrification Fields	1	# Lines	3	Linear Ft	90'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

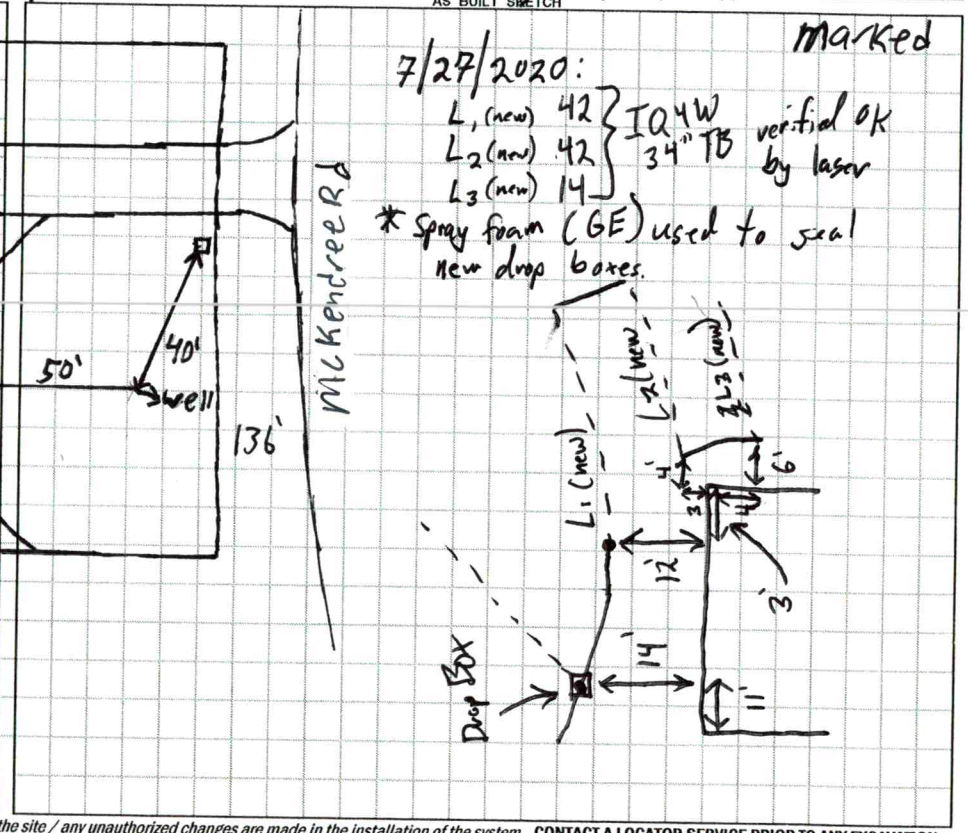
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install new Lines on contour. All gravel within the 15' setback to Pool must be removed and a 3' eq/ft berm dam constructed. Add a DBox to each existing Gravle Line and Spiral feed until new Lines. New lines can be parallel fed. OK to cheat contour up to 3". If there are any questions please call. Reccommend having Property Lines and corners marked

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner/Applicant Signature: Acceptance of Permit Rec'd | Date: 6.25.2020 | Installed by: ADON Septic (704-506-4216)

PERMIT by: Patrick J Bgle III | Date: 6/24/2020 | OPERATION PERMIT by: Tom Shud | Date: 7/28/2020

CONSTRUCT by: Patrick J Bgle III | Date: 6/24/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, TROY CRITCHLEY, am the legal owner or the agent of the property located at 765 McKENDREE RD MOORESVILLE, identified as PIN(Parcel Identification Number) 4626051121, located in Iredell County, North Carolina.
Permit # AP308161.

I do hereby agree to the permit design and the conditions of this permit.

[signature] 6-25-20
Signature of Owner/Authorized Agent Date

_____ _____
Signature of Witness Date

BLOWNSLAMMER@AOL.COM
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER:
ADDRESS: 765 McKendree
PROPOSED FACILITY: Existing House PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 765 McKendree
APPLICATION DATE 6/9/2020
DATE EVALUATED: 6/19/2020
PROPERTY SIZE:
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	SC 5%	0-5	Topsoil	—		48"		—	PS.275
		5-30	C SBK	Fr SS SP SEXP					
		30-46	CL SBK	Fr SS SP SEXP					
AB 2	SS 5%	0-7	Topsoil	—	YB mottles inclusions	48"	Litho inclusions more common at bottom	—	PS.275
		7-33	C SBK	Fr SS SP SEXP					
		33-48	CL SBK	Fr SS SP SEXP					
AB 3	SS	0-8	Topsoil	—	YB mottles throughout	48"	Few Litho inclusions	—	PS.25 .15 drip
		8-36	C SBK	Fr SP SEXP					
		36-48	CL SBK	Fr SP SEXP					
AB 4	SS	0-10	Topsoil	—	YB mottles throughout	48"	few Litho inclusions	some chroma 3/3	PS.25 .15 drip
		10-29	C SBK	Fr SP SEXP					
		29-48	CL SBK	Fr SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	90'	36000
System Type(s)	Existing + 25%	Drip
Site LTAR	.275	.25 (.15 drip)

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JUN 1 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-308161

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: TROY CRITCHLEY Address: 765 McKENDREE RD Zip: 28117
Applicant Email: BLAWNSLAMMER@AOL Phone: 469 877 1957 Alt. Phone: 469 877 1957
Owner Name: TROY CRITCHLEY Address: AS ABOVE Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 765 McKENDREE RD MOORESVILLE NC 28117
Subdivision Name: PINE KNOLL POINTE Section/Phase: _____ Lot Number: 10
Driving Directions: BRAWLEY SCHOOL RD, SOUTH ON McKENDREE

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: _____ ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building (✓) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ~~1994~~ 1995
( ) No Preference (✓) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 6-9-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19358 DATE Dec 1, '94 TAX MAP NO. 2F3B10 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Leon Bouwens PHONE: Business 4626-05-1121 Home WS IV

ADDRESS 1003 Stutts Rd., Mooresville

LOCATION 1100 TR 1115 (Lakeshore) on left near Hager's Creek Boat Access

SUBDIVISION Pine Knoll Pointe BLOCK / SECTION ____ LOT 10 LOT AREA 136' X 280'± SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .125

Septic Tank: 1000 Gallons; STB 794 Date 10/6/95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30-36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: gravity conventional

Repair System Description: Same / PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

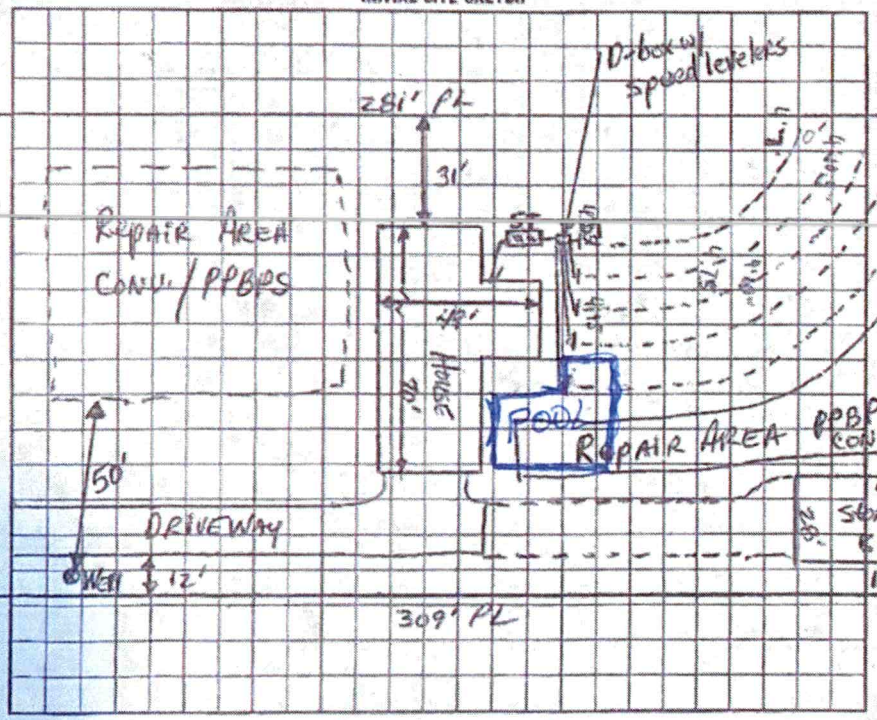
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Follow contour w/ laterals. Exit plumbing at existing grade where shown.

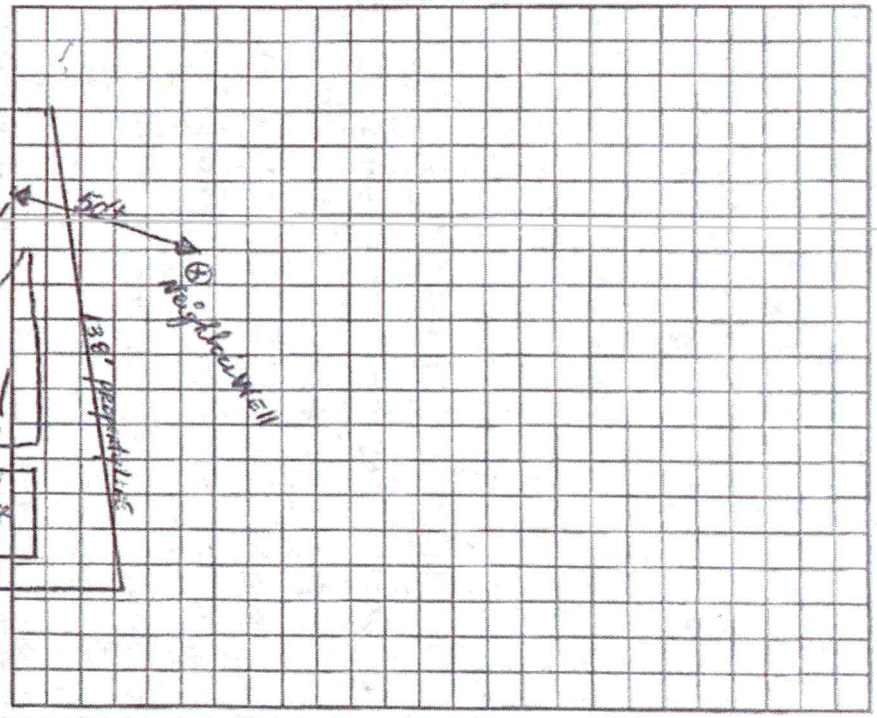
12-12-95 OK to install 360 sf INFILTRATOR ORK

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Leon C. Bouwens

Improvement Permit by: David L. Hamm, RS date 12/1/94

Existing System Inspection by: ____ date ____

Installed by: Leon Bouwens

Certificate of Completion by: Wesley Sparks RS. date 12/18/95

Operation Permit by: Wesley Sparks RS. date 12/18/95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, TROY CRITCHLEY, am the legal owner(s) of the property located at 765 McKENDREE RD, identified as PIN (Parcel Identification Number) 4626051121.000 located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 6-9-2020

Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677